egorical regression model. First the estimation procedure was validated through estimation of the MAUF for the EQ-5D attributes based on the exiting Spanish tariff scores for the instrument. Secondly the MAUF for the SF-6D attributes was estimated regressed on the EQ-5D tariff scores. Weights were rescaled to yield scores ranging from worse possible state (0) to full health (1). **RESULTS:** All estimated attribute weights were significant and goodness of fit was reasonable (R2 = 0.799). Spanish utility values for the same health states are significantly different from those used in the UK; 0.7458 (0.208) vs. 0.7090 (0.143), p < 0.001. The shape of utility scores obtained with the Spanish MAUF exhibits a cubic pattern as compared to the British. Utilities obtained by the Spanish MAUF are higher for benign health states while severe states attain lower utilities. **CONCLUSION:** The proposed method allows for a valid and reliable estimation of a MAUF based on kwon utilities of a concurrent instrument, avoiding the need of incomplete designs to collect preferences. Evident differences between culture specific scoring systems encourage adapting instruments to the target culture in order to obtain valid measures. Spanish weights for SF-6D are now available to be used with existing or new SF-36v1 databases.

PGI28

IMPACT OF CERTOLIZUMAB PEGOL ON QUALITY-ADJUSTED LIFE-YEARS IN TWO INDUCTION AND MAINTENANCE TRIALS IN PATIENTS WITH ACTIVE CROHN'S DISEASE

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OBJECTIVES: The efficacy and safety of certolizumab pegol (CZP), a PEGylated anti-TNF, in patients with active Crohn's disease (CD) have been demonstrated in two 26-week induction and maintenance trials, PRECiSE 1 (Sandborn et al., 2005) and PRECiSE 2 (Schreiber et al., 2005). This analysis evaluated the effect of CZP versus placebo on quality-adjusted life-years (QALYs) for each subject in these trials. **METHODS:** In PRECiSE 1, patients with active CD received double-blind CZP 400 mg (n = 331) or placebo (n = 328) every 4 weeks after induction. PRECiSE 2 began with an open-label induction period (CZP 400 mg at Weeks 0, 2 and 4). Patients who demonstrated a clinical response at Week 6 were randomised to receive CZP 400 mg (n = 215) or placebo (n = 210) every 4 weeks from Weeks 8 to 24. The EQ-5D was administered at each visit and converted into utility scores using an established algorithm (Dolan et al., 1995). An estimate of QALYs was made for each patient from the area under the utility curve during the randomisation period of each trial. Mean QALYs and standard deviation (SD) were calculated by treatment group and compared using a Wilcoxon rank sum test. **RESULTS:** Over the 26-week PRECiSE 1 trial, the mean (SD) QALYs were 0.5456 (0.2993) for CZP and 0.4797 (0.3121) for placebo. Similarly, between Weeks 6 and 26 of PRECiSE 2, the mean (SD) QALYs were 0.4976 (0.2047) in the CZP group versus 0.4286 (0.2171) in the three injection followed by placebo group. A statistically significant gain in QALYs with CZP was observed in both trials: PRECiSE 1 0.0659 (p = 0.001); PRECiSE 2 0.0690 (p = 0.015). **CONCLUSION:** CZP improved both quality and quantity of remission and response period, as measured by QALYs, significantly more than placebo among patients with CD in two 26-week maintenance trials.

PGI29

UPPER GI SYMPTOMS IN GREEK PATIENTS RECEIVING ASPIRIN/NSAIDS

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OBJECTIVES: Non-steroidal anti-inflammatory drugs (NSAIDs) and Aspirin are among the most widely used drugs, particularly for long-term treatment of arthritic disorders in primary care. Aspirin/NSAIDs cause upper-gastrointestinal symptoms. This study aimed to assess the nature and frequency of Upper-GI symptoms (GERD and/or Dyspepsia) experienced by patients receiving Aspirin and/or NSAIDs and to depict the current clinical practice in the field of gastroprotection of patients receiving these drugs. **METHODS:** A total of 1604 individuals (M/F: 743/861, age 58.37±13.1 years, BMI 27.5 ± 3.7 Kg/m2) visiting 189 Primary Care Practitioners between June-July 2006 were included. A structured questionnaire was used to record demographic/medical history data including Aspirin/NSAIDs use, the antisecretory treatment received together with Aspirin/NSAIDs and the presence of GERD (heartburn, regurgitation) and Dyspepsia (epigastric pain, early satiety, postprandial fullness) symptoms, which were based on widely accepted epidemiological criteria. **RESULTS:** The main indications for patients receiving Aspirin/NSAIDs were backache (16.7%), osteoarthritis (14.5%), coronary artery disease (8.9%) and rheumatoid arthritis (5.6%). Upper-GI symptoms (GERD and/or Dyspepsia) for ≥2 days/week were reported by 71.7% of participants. GERD was reported by 57.3% and Dyspepsia by 54.8% of participants, while 40.3% of them experienced symptoms of both diseases. Antisecretory treatment was used by 78.8% of participants (PPIs 75.8%, H2-antagonists 20.2%, Antacids 8.2%). Upper-GI symptoms of ≥2 day's per/week were reported by 70.5% of patients who received antisecretory treatment compared to 76.8% of those who did not (P < 0.025). Patients receiving PPI experienced upper-GI symptoms by 66.2%, significantly less compared to 83.9% of H2-antagonists/Antacids users (P < 0.001). **CONCLUSION:** Upper-GI symptoms are present in approximately 3/4 of Aspirin/NSAIDs users. Antisecretory treatment reduces Upper-GI symptoms, with PPIs being significantly superior than H2–antagonists/Antacids. However, in primary care, a substantial proportion of Aspirin/NSAIDs users remain symptomatic despite the use of antisecratory agents and therefore other parameters such as adherence to antisecratory treatment should be further investigated.

HEALTH CARE USE & POLICY STUDIES

PHP1

ECONOMIC ANALYSIS OF THE BAVARIAN BLOOD AND PLASMA MARKET: LESSONS FOR THE FUTURE

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OBJECTIVES: To estimate demand and supply of blood products in Bavaria, as due to intransparency on prices and trade volumes reliable data are missing and to support optimal planning of blood supply and usage in Bavaria within the next two decades. **METHODS:** Data were collected through desk-top researches on demographics (e.g. Federal Statistical Office Germany, Bavarian State Office for Statistics and Data Processing), blood usage and donation behaviour in Germany (Robert Koch Institute, Paul-Ehrlich-Institute, Bavarian Red Cross) and